

**CALIFORNIA ARCHITECTS BOARD
LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE**

400 R Street, Suite 4000

Sacramento, CA 95814

Phone: (916) 445-4954 Fax: (916) 324-2333

E-mail: latc@dca.ca.gov Web: www.latc.dca.ca.gov

State of California
Department of Consumer Affairs
Gray Davis, Governor



APPLICATION FOR EXAMINATION

TYPE OR PRINT CLEARLY IN INK

NAME: _____
(LAST / FIRST / MIDDLE)

KNOWN BY ANY OTHER NAME: _____
(INCLUDE MAIDEN NAME)

ADDRESS: _____
(NUMBER AND STREET)

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: (_____) _____ HOME PHONE: (_____) _____

BIRTHDATE (MONTH / DAY / YEAR): ____/____/____ SEX: ☐ MALE ☐ FEMALE

SOCIAL SECURITY #: _____
(See disclosure statement on Page 3)

| SECTIONS AVAILABLE | Fee | Check if Applying | Fee Included |
|--|----------|-------------------|--------------|
| Application Evaluation Fee (required). This fee is non-refundable pursuant to Business and Professions Code Section 158. | \$ 35.00 | Required | \$ 35.00 |
| Section A – Legal & Administrative Aspects of Practice June Only | \$ 70.00 | | |
| Section B – Analytical Aspects of Practice June Only | \$110.00 | | |
| Section C - Planning and Site Design | \$210.00 | | |
| Section D – Structural Considerations & Materials & Methods of Construction June Only . | \$170.00 | | |
| Section E - Grading, Drainage and Storm Water Management | \$210.00 | | |
| California Section (Take home exam after passing all sections) | \$ 35.00 | | |
| Amount Enclosed with Application: ♦ Money order, cashiers check or personal check must be made payable to the Landscape Architects Technical Committee (LATC). Credit cards are not accepted. | | | \$ |

| FOR OFFICE USE ONLY |
|---------------------|
| Receipt # _____ |
| Date Rec. _____ |
| Amt. Rec. _____ |

Please check the box of the location you would like to take the examination. ☐ Northern California
☐ Southern California

☐ Check box if requesting reasonable accommodations pursuant to the Americans with Disabilities Act. If so, a reasonable accommodation request is required.

Have you ever been licensed to practice landscape architecture?

☐ Yes ☐ No

If yes, list the name of the state or country, license number and expiration date: _____

Have you ever had a landscape architect license denied, suspended, or revoked in any state or country? ☐ Yes ☐ No

If yes, please explain below.

EDUCATION:

High School Graduate: ☐ Yes ☐ No Date Graduated: _____

A Masters, Bachelors, Associate degree or an Extension Certificate in **Landscape Architecture** is required to be eligible for the licensing examination.

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | COURSE OF STUDY | DEGREE RECEIVED | DATE RECEIVED | OFFICE USE |
|--|-----------------|-----------------|---------------|------------|
| | | | | |
| | | | | |
| | | | | |

EXPERIENCE:

List dates of employment in chronological order, starting with the most recent. List only employment actually spent in landscape architecture, architecture, civil engineering or self-employment as a licensed landscape contractor. Each entry must be supported with a "Certificate in Support of Applicant's Experience and Qualifications" form. If you were/are a self-employed licensed landscape contractor, a Certificate of Applicant's Experience is not required, however a copy of your license is required..

| PERIOD OF EMPLOYMENT | COMPANY/BUSINESS NAME, ADDRESS AND TELEPHONE NUMBER | NAME AND LICENSE # OF DIRECT SUPERVISOR | OFFICE USE |
|--|---|---|------------|
| FROM _____ TO _____ _____/_____/_____/_____/_____/_____ TOTAL: YR. _____ MO. _____ FULL-TIME _____ PART-TIME _____ HOURS PER WEEK: _____ | | | |
| FROM _____ TO _____ _____/_____/_____/_____/_____/_____ TOTAL: YR. _____ MO. _____ FULL-TIME _____ PART-TIME _____ HOURS PER WEEK: _____ | | | |
| FROM _____ TO _____ _____/_____/_____/_____/_____/_____ TOTAL: YR. _____ MO. _____ FULL-TIME _____ PART-TIME _____ HOURS PER WEEK: _____ | | | |
| FROM _____ TO _____ _____/_____/_____/_____/_____/_____ TOTAL: YR. _____ MO. _____ FULL-TIME _____ PART-TIME _____ HOURS PER WEEK: _____ | | | |

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please explain below.

Convictions dismissed under Section 1203.4 of the Penal Code must be shown. However, **you may omit:**

- ◆ Any traffic infraction for which the fine imposed was \$300 or less.
- ◆ Any offense which was adjudicated in a juvenile court or under a youth offender law.
- ◆ Any incident that has been sealed or disposed of under Welfare and Institutions Code Section 781 or Penal Code Sections 1000.5 or 1203.45

ALL OTHER CONVICTIONS MUST BE DISCLOSED

Indicate the date and place of the arrest, name of the court, court case number, code section violated, a brief explanation of the offense, and the sentence imposed. If convicted under another name, please indicate other name.

Have you ever been disciplined by another public agency? ☐ Yes ☐ No If yes, please explain below.

*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Signature: _____ Date: _____

The information requested on this application is required under Sections 5630, 5650, 5651, and 5652 of the Business and Professions Code. All items are mandatory. The information provided will be used to determine qualifications for licensure. The Executive Officer of the Board is responsible for information maintenance.

INSTRUCTIONS FOR SUBMITTING APPLICATION:

The application **must be** postmarked no later than the **Final Filing Date**. Applications postmarked after the final filing date **will not be accepted**. Check with the LATC office or web site listed above for final filing date.

The following MUST ACCOMPANY this application for examination to be received by the final filing date:

1. Applicable fees
2. Official sealed school transcripts
3. Certificate(s) of Applicants Experience and Qualifications

Applications will not be considered until all information has been received. It is the candidate's responsibility to ensure that the entire packet is complete and postmarked by the final filing date. Packets not complete will be returned.

- ◆ If you are licensed as a landscape architect in another state or country, you may be eligible for reciprocity in California. (The qualifications for reciprocity can be obtained at the address above, or reviewed at www.latc.ca.gov.)